
Missouri Commission on Patient Safety

Members

- **Chairman Gregg Laiben**,
M.D., Kansas City
- **Vice-chairman Kathryn Nelson**, Columbia
- **Scott Lakin**, director,
Department of Insurance
- **Lois Kollmeyer**,
Department of Health and
Senior Services
- **James J. Buchanan, D.O.**,
Farmington
- **Thomas P. Cartmell**,
Kansas City
- **Deborah Jantsch, M.D.**,
Kansas City
- **Susan M. Kendig, R.N.**,
Ballwin
- **Nancy L. Kimmel**,
St. Louis
- **Alan H. Morris, M.D.**,
St. Louis
- **Bea Roam**, Lebanon
- **William C. Schoenhard**,
St. Louis
- **Stephen R. Smith, M.D.**,
Ballwin
- **Barry D. Spoon, D.O.**,
Springfield
- **James H. Utley, M.D.**,
Kansas City
- **Kenneth Vuylsteke**,
St. Louis

Ex officio members

- **Lori Scheidt**,
Missouri Board of Nursing
- **Tina Steinman**, Missouri
Board of Registration for
the Healing Arts
- **Kevin Kincade**,
Missouri Board of
Pharmacy

For release – 10 a.m., July 7, 2004

MEDIA NOTE: Chairman Laiben and Vice Chairman Nelson are available for interviews from 1:30 to 3 p.m. today at the Missouri Department of Insurance offices, Suite 530, Truman State Office Building. Call 526-4845 before 10:45 a.m. or after 1 p.m. to schedule time. Most commission members are traveling to and from Jefferson City today, but their contact numbers for Thursday are listed at the end.

For background, contact Randy McConnell, (573) 526-4845

Governor's commission calls for new standards, private center to reduce medical errors in Missouri

A governor's commission today urged the state's healthcare community to adopt new standards to protect and manage patient safety, including notification of errors and counseling for all patients who are harmed.

The Missouri Commission on Patient Safety also proposed establishment of a private center that would bring together healthcare facilities, professionals, consumers, employers, state agencies and others on healthcare safety and quality projects in Missouri. The center would work to reduce mistakes in all settings, including 900 to 2,000 estimated deaths from preventable medical errors in Missouri hospitals alone each year.

"Healthcare long has had an error rate that other industries consider unacceptable," said Dr. Gregg Laiben, the commission chairman from Kansas City. "[This report](#) can help inaugurate a new era for healthcare in Missouri – and the public should demand these changes."

Gov. Bob Holden appointed the 16-member Missouri Commission on Patient Safety in September 2003 to identify how to reduce medical errors and other incidents that lead to malpractice litigation. The report also is Missouri's response to a landmark federal Institute of Medicine study that estimated 44,000 to 98,000 American die needlessly each year from preventable errors in hospitals, not counting outpatient settings.

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A Harvard School of Public Health-Kaiser Family Foundation study in 2002 found that 42 percent of Americans or their family members have been the victims of medical errors, with 10 percent involved with deaths.

Gov. Holden said he looks forward to forging the public-private partnership outlined in the report. He said he will appoint a team of officials to identify areas in which state government can aid the new center and implement the recommendations.

“These proposals rely mainly on the private sector to step forward and reduce error rates,” Holden said. “But as governor, I have a vested interest in making sure these efforts better protect all our citizens. In fact, state government — with its services for children, the low-income, the elderly and public employees — is the largest buyer of healthcare services in Missouri.”

Laiben said the recommendations focus on creating a “culture of safety” in Missouri that encourages healthcare staff to report and investigate errors and then take steps to ensure they don’t occur again.

“American medicine historically has been caught up in a ‘culture of blame,’ assuming that malpractice litigation and disciplining individuals will solve our problems. They haven’t. We still have up to 98,000 people — or more in some studies — dying needlessly each year in hospitals,” Laiben said.

“Healthcare depends on humans, who all are fallible. We need to fix healthcare systems that today don’t *prevent* people from making mistakes that harm patients. Aviation and other industries have shown that we can develop fail-safe systems and cut the risk of death and injury substantially. We will protect more people and save more lives by focusing on a bigger picture.”

Minimum standards for patient safety

The commission recommended that to prevent and manage medical errors, all Missouri healthcare organizations and professionals should:

- Disclose errors to patients. Contrary to conventional wisdom, disclosure tends to reduce malpractice litigation and costs.
- Identify patient advocates upon admission and provide counseling for those affected by adverse events or outcomes.
- Establish internal reporting and analysis of errors and “near misses” that allow healthcare systems to avoid future mistakes.
- Adopt “best practices” and technological advances that reduce errors.
- Protect any healthcare professional or employee from reprisal who in good faith reports conditions or events that jeopardize patient safety.

Laiben said that while the commission did not recommend laws to require most of these steps, he expects the new center and the public to press hospitals and other facilities to implement such standards.

“If healthcare organizations regularly field questions from the media and patients about whether they follow these steps, we will see more facilities adopting the standards and, in fact, publicizing what they do to protect patients,” Laiben said. “Existing state licensing and private accreditation do not guarantee the kind of improvements the public needs.”

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Missouri Center for Patient Safety

The new center – designed as a private, nonprofit corporation – would fill the leadership void on patient safety in Missouri and oversee:

- A **voluntary statewide reporting program** that would allow the center to analyze errors and “near misses,” identify how institutions succeed in eliminating common problems and promote “best practices” among all Missouri healthcare organizations and professionals.
- A **consumer coalition** that would work to improve education materials and issue alerts on unsafe conditions. Reliable information is not readily available for patients to actively participate in their own treatment, help avoid errors and improve their outcomes, the commission concluded.
- An **education coalition** that would help the state’s six medical schools, 92 nursing schools and dozens of other health education programs develop modern patient safety curricula. Missouri does not include such training in required continuing education for physicians, nurses and other professionals. The commission’s report in particular stresses the need to upgrade the communications skills of professionals to avoid poor outcomes, errors and litigation not prompted by actual malpractice.

The center also could act as Missouri’s “patient safety organization” to operate a voluntary error reporting system under pending federal legislation.

Laiben said he and other commissioners – who served without compensation — have decided to continue working independently to form the center and secure funding. “By endorsing a private center, the commission chose the toughest path to follow, particularly in financing the organization. But we believe that a private center has the best chance to quickly mobilize Missouri’s healthcare community to, in essence, re-tool the way it approaches safety in medicine,” Laiben said. “We are looking to foundations and healthcare associations to help make this vision a reality for Missourians.”

Steps the state can take to improve patient safety

Although the report focused on private action to reduce errors, it identifies steps for state government, including:

- Passing laws that will protect healthcare organizations and professionals from legal liability when they are reporting, analyzing and devising ways to prevent medical errors. Missouri law now provides protection when internal “peer review committees” consider discipline of physicians and many other professionals, but does not clearly do so when staff are considering unsafe facility conditions and systems. Providers consequently are discouraged from adopting the voluntary reporting and analysis endorsed by the report. “To be frank, many of our critical recommendations are dead in the water without better protections, particularly in the current legal environment,” Laiben said.
- Providing incentives in the Medicaid and state employee healthcare systems to reward healthcare organizations and professionals that adopt patient safety practices. As the largest purchaser of healthcare services in Missouri, state government can lead the way for other employers and healthcare buying groups to use similar incentives. While healthcare facilities will incur substantial upfront costs for some patient safety improvements, patients and other groups will reap many of the financial benefits, and medical providers could even face reduced revenues by eliminating some errors.
- Encouraging medical malpractice insurers to provide discounts for healthcare providers that adopt patient safety practices.
- Beginning a state licensing program for outpatient facilities – such as diagnostic imaging, cardiac, gastrointestinal, endoscopy and dialysis centers – that perform sophisticated procedures once reserved for licensed hospitals.

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- Improving oversight of professionals through legislative consideration of a lengthy list of deficiencies cited by state licensing boards.

The 16-member commission was drawn primarily from the healthcare community: seven physicians, including a health maintenance organization's medical director; a hospital administrator; two hospital patient safety specialists; a nurse; two malpractice attorneys; a consumer; and officials from the state insurance and health/senior services departments. Executive directors of state licensing boards for physicians, nurses and pharmacists served as ex officio members, and the insurance and health/senior services departments provided staff support.

Laiben serves as medical director of MissouriPRO, the state's quality improvement organization for Medicare and its senior beneficiaries. Kathryn Nelson of Columbia — patient safety director for the University of Missouri-Columbia Health Care, its two hospitals and 59 clinics — was vice chairman.

The full commission report is available at the Missouri Department of Insurance Web site — www.insurance.mo.gov — along with the minutes of its meetings from October until June, presentations and testimony from state and national experts on patient safety and Internet resources.

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Thursday contact information for commissioners

- Chairman Gregg Laiben, Kansas City, medical director, MissouriPRO, 573-817-8300, ext. 116.
- Vice-chairman Kathryn Nelson, Columbia, patient safety director, University of Missouri Health Care, 573-882-1974.
- Scott Lakin, director, Missouri Department of Insurance, 573-526-4845.
- James Joseph Buchanan, D.O., Farmington, family practice physician, 573-760-9337.
- Thomas P. Cartmell, Kansas City, defense counsel, partner with Wagstaff and Cartmell, L.L. P., who specializes in malpractice litigation for insurers and healthcare organizations, 816-701-1100.
- Deborah Ann Jantsch, M.D., Kansas City, managing partner with Midwest Women's Healthcare PC, and former president, Metropolitan Medical Society of Greater Kansas City, 816-444-6888, ext 207.
- Susan M. Kendig, Ballwin, clinical assistant professor, University of Missouri-St. Louis College of Nursing and Health Studies, 314-629-2372.
- Nancy L. Kimmel, St. Louis, patient safety specialist, Missouri Baptist Medical Center, an affiliate of BJC Healthcare, 314-996-5066.
- Lois Kollmeyer, quality review specialist, Department of Health and Senior Services, 573-522-6037.
- Alan H. Morris, M.D., St. Louis, retired orthopedic surgeon, 314-725-3333.
- Bea Roam, Lebanon, retired educator active with AARP and the Silver-Haired Legislature and a senior health insurance volunteer-counselor with the CLAIM program, 417-588-1076.
- William C. Schoenhard, St. Louis, executive vice president and chief operating officer, SSM Health Care, 314-994-7810.
- Stephen R. Smith, M.D., Ballwin, an anesthesiologist with Western Anesthesiology Associates and St. John's Mercy Hospital, 636-386-9224, ext 227.
- Barry D. Spoon, D.O., Springfield, a member and former president of the Missouri Board of Registration for the Healing Arts affiliated with St. John's Hospital system, 417-862-8013.
- James H. Utley, M.D., Kansas City, medical director for Coventry Health Care of Kansas Inc, 816-460-4202.
- Kenneth Vuylsteke, St. Louis, a plaintiff's attorney and chairman of the Missouri Association of Trial Attorney's health law committee, 314-421-1900.